### Oklahoma Healthcare Authority-Nursing Home Cost Report Summary for 2018

											OUTSIDE						DRUGS &	CAPITAL				SFY2018
F	AC			MEDICARE	MEDICAID	OTHER	TOTAL	AVAILABLE	OCCUPANCY	SALARIES &	PROFESSIONAL	EMPLOYEE	TAXES (NON-	OFFICE	INSURANCE	GENERAL	MEDICAL	RELATED	ADMINISTRATIVE	OTHER	TOTAL	COST PER
	D	FACILITY NAME	FACILITY TYPE	DAYS	DAYS	DAYS	DAYS	DAYS	RATE	WAGES	FEES	EXPENSES	PAYROLL)	EXPENSES	EXPENSES	EXPENSES	SUPPLIES	EXPENSES	SERVICES	EXPENSES	EXPENSES	DAY
2	0 NO	RTH WINDS LIVING CENTER	AIDS Facility	1	9,572	-	9,572	10,585	90.43%	\$1,048,304.76	\$ 128,919.01	\$ 163,791.85	\$ 8,670.85	\$ 86,255.83	\$ 10,933.00	\$ 171,331.96	\$ 54,806.71	\$ 111,780.41	\$ 57,441.07	\$ 111,086.61	\$ 1,953,322.06	\$ 204.07

# State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary AIDS Nursing Facility SFY 08 thru SFY 18 Cost Comparison

	SF	Y 2018		SFY 2017	5	FY 2016	s	FY 2015	s	FY 2014	9	FY 2013	5	SFY 2012	s	FY 2011	SI	FY 2010	s	FY 2009	S	Y 2008
Available Patient Days:		10,585	_	10,585		10,614		10,585		10,585	_	10,585		9,882		9,855		9,855		9.855		9,882
Total Patient Days:		9,572		9,502		9,320		9,398		9,604		9,169		8,497		8,551		7,819		8,212		8,414
Medicaid Days:		9,572		9,502		9,320		9,398		9,604		9,169		8,497		8,551		7,819		8,212		8,414
Medicare Days:		-		-		-		-		-		-		-		-		-		-		-
Other Days:		-		=		-		-		-		-		-		-		-		-		-
Occupancy %:		90.43%		89.77%		87.81%		88.79%		90.73%		86.62%		85.98%		86.77%		79.34%		83.33%		85.14%
% of Medicaid:		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%
Description:	Tota	l Per Day	<u>To</u>	tal Per Day	Tot	al Per Day	Tot	tal Per Day	Tot	al Per Day	Tota	al Per Day	Tota	al Per Day	Tota	al Per Day						
Salaries & Wages:	\$	109.52	\$	112.21	\$	102.69	\$	104.34	\$	99.70	\$	103.76	\$	110.84	\$	104.58	\$	116.42	\$	102.95	\$	96.71
Outside Professional Fees:	\$	13.47	\$	5.05	\$	11.76	\$	10.72	\$	8.14	\$	3.86	\$	6.85	\$	6.60	\$	12.58	\$	12.68	\$	15.27
Employee Expenses:	\$	17.11	\$	20.37	\$	21.00	\$	20.97	\$	19.94	\$	19.45	\$	23.63	\$	21.70	\$	22.71	\$	19.76	\$	16.66
Taxes (Non-Payroll):	\$	0.91	\$	0.61	\$	0.63	\$	0.62	\$	0.57	\$	0.51	\$	0.55	\$	0.53	\$	0.58	\$	0.62	\$	0.55
Office Expenses:	\$	9.01	\$	9.18	\$	6.95	\$	7.85	\$	7.87	\$	8.08	\$	8.41	\$	8.42	\$	8.69	\$	8.01	\$	7.07
Insurance:	\$	1.14	\$	0.77	\$	0.76	\$	0.80	\$	0.96	\$	0.48	\$	0.47	\$	0.41	\$	0.52	\$	0.40	\$	0.60
General Expenses:	\$	17.90	\$	20.30	\$	16.16	\$	19.62	\$	18.71	\$	26.11	\$	19.60	\$	17.10	\$	23.05	\$	21.53	\$	26.59
Drugs & Medical Supplies:	\$	5.73	\$	6.41	\$	4.61	\$	4.96	\$	7.53	\$	5.92	\$	6.62	\$	7.69	\$	6.42	\$	7.01	\$	4.85
Capital Related Cost:	\$	11.68	\$	11.78	\$	12.01	\$	11.94	\$	11.74	\$	12.29	\$	6.02	\$	8.88	\$	9.71	\$	11.27	\$	12.41
Administrative Services:	\$	6.00	\$	3.79	\$	6.03	\$	5.28	\$	1.77	\$	-	\$	0.35	\$	1.99	\$	2.56	\$	2.19	\$	5.65
Other Expenses:	\$	11.61	\$	11.52	\$	11.11	\$	11.30	\$	11.16	\$	9.03	\$	7.43	\$	7.13	\$	7.46	\$	7.38	\$	7.09
Total:	\$	204.07	\$	202.00	\$	193.72	\$	198.40	\$	188.08	\$	189.48	\$	190.77	\$	185.03	\$	210.70	\$	193.80	\$	193.45

# Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

AIDS Facilities
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Summary

1/17/2019

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

<u>Description:</u>	<u>Totals</u>	Cos	t Per Day
Salaries & Wages:	\$1,048,304.76	\$	109.52
Outside Professional Fees:	\$ 128,919.01	\$	13.47
Employee Expenses:	\$ 163,791.85	\$	17.11
Taxes (Non-Payroll):	\$ 8,670.85	\$	0.91
Office Expenses:	\$ 86,255.83	\$	9.01
Insurance:	\$ 10,933.00	\$	1.14
General Expenses:	\$ 171,331.96	\$	17.90
Drugs & Medical Supplies:	\$ 54,806.71	\$	5.73
Capital Related Cost:	\$ 111,780.41	\$	11.68
Administrative Services:	\$ 57,441.07	\$	6.00
Other Expenses:	\$ 111,086.61	\$	11.61
Total:	\$ 1,953,322.06	\$	204.07

## State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

1/17/2019 AIDS Facilities

Page 2 Salaries and Wages

SFY 18 Available Patient Days: 10,585 **Total Patient Days:** 9,572 Medicaid Days: 9,572 Medicare Days: Other Days:

Occupancy %: % of Medicaid: 90.43% 100.00%

Description:		Total Cost	Total Hours	Cos	st Per Day	Hrs Per Day	Cos	t Per Hr
Registered Nurses:	Š	64,587.30	2,442	\$	6.75	0.26	\$	26.45
Licensed Practical Nurses:	S	232,630.99	10,129	\$	24.30	1.06	\$	22.97
Director of Nursing:	S	60,737.21	2,080	\$	6.35	0.22	\$	29.20
Nurse Aides:	5	158,353.55	11,945	\$	16.54	1.25	\$	13.26
CMA Aides:	S		-	\$	-	-	\$	-
QMRP'S (ICF-MR Only):	S		-	\$	-	-	\$	-
Medical Director:	S		-	\$	-	-	\$	-
Physical Therapist:	S	-	-	\$	-	-	\$	-
Occupational Therapist:	\$	-	-	\$	-	-	\$	-
Respitory Therapist:	5	-	-	\$	-	-	\$	-
Speech Therapist:	S	-	-	\$	-	-	\$	-
Therapy Aide/Assistant:	S	62,126.83	3,887	\$	6.49	0.41	\$	15.98
Administrator:	S	74,918.01	2,080	\$	7.83	0.22	\$	36.02
Assistant Administrator:	\$	-	-	\$	-	-	\$	-
Accountant/Bookeeper:	\$	11,500.00	792	\$	1.20	0.08	\$	14.52
Other Office Staff:	\$	42,061.08	2,164	\$	4.39	0.23	\$	19.44
Soc Serv Dir/Soc Worker:	S	51,168.30	2,840	\$	5.35	0.30	\$	18.02
Other Soc Serv Staff:	S	-	-	\$	-	-	\$	-
Activities Director:	S	22,817.93	1,865	\$	2.38	0.19	\$	12.23
Other Activities Staff:	S	4,792.79	419	\$	0.50	0.04	\$	11.44
Comb Soc Serv/Activities:	S	-	-	\$	-	-	\$	-
Dietician:	S	2,400.00	96	\$	0.25	0.01	\$	25.00
Other Dietary Staff:	subtotal S		9,355 50,094	\$	13.64	0.98	\$	13.96

#### State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

Aids Facilities Page 2 cont. Salaries and Wages	
SFY 18 Available Patient Days:	10,585
Total Patient Days:	9,572
Medicaid Days: Medicare Days:	9,572 -
Other Days:	-

Occupancy %:	90.43%
% of Medicaid:	100.00%

Description:		Total Cost	<u>Total Hours</u>	Cos	st Per Day	Hrs Per Day	Cos	st Per Hr
Housekeeping Supervisor:		\$ -	-	\$	-	-	\$	-
Housekeeping Staff:		\$ 53,916.36	4,452	\$	5.63	0.47	\$	12.11
Maintenance Supervisor:		\$ -	-	\$	-	-	\$	-
Maintenance Staff:		\$ 46,530.76	2,850	\$	4.86	0.30	\$	16.33
Laundry Supervisor:		\$ -	-	\$	-	-	\$	-
Other Laundry Staff:		\$ 29,200.00	2,920	\$	3.05	0.31	\$	10.00
Medical Records:		\$ -	-	\$	-	-	\$	-
Other:	subtotal	\$ - 129,647.12	- 10,222	\$	-	-	\$	-
Total Salaries & Wages:		\$ 1,048,304.76	60,316	\$	109.52	6.30	\$	17.38

## Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary

# State Fiscal Year June 30, 2018

**AIDS Facilities** 

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**Outside Professional Fees** 

SFY18

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

 Occupancy %:
 90.43%

 % of Medicaid:
 100.00%

Description:	<b>Totals</b>	Cost Po	er Day
Contract Registered Nurse:	\$ 1,236.88	\$	0.13
Contract Lic. Practical Nurse:	\$ 94,247.72	\$	9.85
Contract Nurse Aides:	\$ 17,492.74	\$	1.83
Medical Director:	\$ 10,200.00	\$	1.07
Therapists:	\$ -	\$	-
Consulting Social Worker:	\$ -	\$	-
Dietician:	\$ -	\$	-
Pharmacist:	\$ 1,800.00	\$	0.19
Dentist:	\$ -	\$	-
Accountants:	\$ 2,141.67	\$	0.22
Legal:	\$ 1,800.00	\$	0.19
Housekeeping:	\$ -	\$	-
Maintenance:	\$ -	\$	-
Other:	\$ -	\$	-
Computer Programmer:	\$ -	\$	-
Total O/S Professional:	\$ 128,919.01	\$	13.47

## Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary

# State Fiscal Year June 30, 2018

AIDS Facilities Page 4

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**Employee Expenses** 

SFY18

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>	Cost I	<u>Per Day</u>
Employee Benefits and Payroll Related Expenses Fica:	\$ 61,881.29	\$	6.46
<b>Unemployment Compensation Tax:</b>	\$ 10,032.50	\$	1.05
Workman's Compensation Insurance:	\$ 27,350.91	\$	2.86
Group Health Dental Insurance:	\$ 15,175.43	\$	1.59
Life Insurance:	\$ -	\$	-
Retirement and Pension:	\$ 1,400.00	\$	0.15
Other Employee Benefits:	\$ 46,176.18	\$	4.82
Staff Development and Training Nurse Aide Competency Evaluation:	\$ -	\$	-
Other Licensed Direct Care Training:	\$ -	\$	-
Other:	\$ 1,775.54	\$	0.19
Total	\$ 163,791.85	\$	17.11

# Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

AIDS Facilities

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Taxes Non-Payroll Related

SFY18

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>	Cost Po	er Day
Excise Tax:	\$ -	\$	-
Corporation License:	\$ -	\$	-
Ad Valorem:	\$ 8,670.85	\$	0.91
Auto Tag/Registration:	\$ -	\$	-
Other:	\$ -	\$	-
Total Taxes Non-Payroll	\$ 8,670.85	\$	0.91

## Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

**AIDS Facilities** 

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Office Expense

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

<u>Description:</u>	<u>Totals</u>	Cost Po	er Da <u>y</u>
Office Supplies:	\$ 26,484.48	\$	2.77
Office Phone:	\$ 11,923.62	\$	1.25
Office Utilities:	\$ 47,847.73	\$	5.00
Total Office Expense:	\$ 86,255.83	\$	9.01

# Oklahoma Health Care Authority

# **Nursing Home Facility Cost Report Summary**

**AIDS Facilities** 

State Fiscal Year June 30, 2018

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**Insurance Non-Payroll** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

<u>Description:</u>	<u>Totals</u>	Cost I	Per Day
Building Insurance:	\$ 10,733.00	\$	1.12
Automobile Insurance:	\$ -	\$	-
Other Insurance:	\$ 200.00	\$	0.02
<b>Total Insurance Expense:</b>	\$ 10,933.00	\$	1.14

# Oklahoma Health Care Authority

# 1/18/2019 Nursing Home Facility Cost Report Summary AIDS Facilities State Fiscal Year June 30, 2018

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**General Expenses** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>		Cost 1	Cost Per Day	
Dues and Publications:	\$	819.46	\$	0.09	
Public Relations:	\$	7,211.42	\$	0.75	
Automobile Expense:	\$	12,475.45	\$	1.30	
Maintenance:	\$	31,952.32	\$	3.34	
Laundry and Linen:	\$	5,252.93	\$	0.55	
Housekeeping Supplies:	\$	12,374.93	\$	1.29	
Food and Kitchen Supplies:	\$	90,119.77	\$	9.41	
Social Services Supplies:	\$	11,125.68	\$	1.16	
<b>Total General Expenses:</b>	\$	171,331.96	\$	17.90	

# Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

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**AIDS Facilities** 

**Drugs & Medical Supplies** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>		Cost P	Cost Per Day	
Drugs and Medical Supplies:	\$	50,454.25	\$	5.27	
Over-the-Counter Medication:	\$	4,352.46	\$	0.45	
Special Adaptive Medical Equip:	\$	-	\$	-	
Total Drugs & Medical:	\$	54,806.71	\$	5.73	

# Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

AIDS Facilities

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**Capital Related Cost** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>		Cost	Cost Per Day	
Equipment Rent/Lease:	\$	3,962.71	\$	0.41	
Facility Rent/Lease:	\$	96,000.00	\$	10.03	
Interest Expense:	\$	420.70	\$	0.04	
<u>Depreciation Summary</u>					
Building & Improvements:	\$	9,600.42	\$	1.00	
Local Improvements:	\$	-	\$	-	
Leasehold & Improvements:	\$	589.90	\$	0.06	
Equipment:	\$	1,206.68	\$	0.13	
Total Depreciation:	\$	11,397.00	\$	1.19	
Total Capital Related Costs:	\$	111,780.41	\$	11.68	

# Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

**AIDS Facilities** 

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**Administrative Services** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>		Cost Po	Cost Per Day	
Home Office Expense:	\$	-	\$	-	
Owner's Non-Salary Compensation:	\$	-	\$	-	
Owner's Salaries Paid:	\$	-	\$	-	
Benefits on Owner's Salaries:	\$	-	\$	-	
Director's Fees:	\$	-	\$	-	
Management Fees Paid:	\$ 5	57,441.07	\$	6.00	
<b>Total Administrative Services:</b>	\$ 57	7,441.07	\$	6.00	

## Oklahoma Health Care Authority

## Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2018

**AIDS Facilities** 

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**Other Expenses** 

**SFY 18** 

Available Patient Days: 10,585
Total Patient Days: 9,572
Medicaid Days: 9,572
Medicare Days: Other Days: -

Description:	<u>Totals</u>		Cost	Cost Per Day	
Hepatitis Vaccination Costs:	\$	1,905.45	\$	0.20	
Provider Fees:	\$	107,616.28	\$	11.24	
Other Costs:	\$	1,564.88	\$	0.16	
Total Other Costs:	\$	111,086.61	\$	11.61	